# **Supplementary Document**

**Table S1.** The detailed search strategy

Database	Search strategy	Search date	Total number of identified articles
PubMed	((("sleep initiation and maintenance disorders"[Mesh]) OR (disorders of initiating and maintaining sleep[Title/Abstract]) OR (DIMS[Title/Abstract])	May 2, 2024	708
	OR (sleep initiation dysfunction*[Title/Abstract]) OR (sleep initiation[Title/Abstract]) OR (initiating sleep[Title/Abstract]) OR (early		
	awakening[Title/Abstract]) OR (wake up early[Title/Abstract]) OR (waking up early[Title/Abstract]) OR (wakeful*[Title/Abstract])OR		
	(sleeplessness[Title/Abstract]) OR (sleepless[Title/Abstract]) OR (sleep difficult*[Title/Abstract]) OR (difficulty in falling asleep[Title/Abstract])		
	OR (fall asleep[Title/Abstract]) OR (falling asleep[Title/Abstract]) OR (difficulty in maintaining sleep[Title/Abstract]) OR (maintain		
	sleep[Title/Abstract]) OR (sleep maintenance[Title/Abstract]) OR (maintaining sleep[Title/Abstract]) OR (sleep impairment[Title/Abstract]) OR		
	(sleep disturbance[Title/Abstract]) OR (sleep disorder[Title/Abstract]) OR (insomnia[Title/Abstract]) OR (sleep quality[Title/Abstract]) OR (poor		
	sleep[Title/Abstract]) OR (sleep efficiency[Title/Abstract]))) AND (("glycemic control"[Mesh]) OR ("blood glucose"[Mesh]) OR ("glycated		
	hemoglobin"[Mesh]) OR ("glycated serum proteins"[Mesh]) OR ("glycosuria"[Mesh]) OR (blood glucose control[Title/Abstract]) OR (fasting		
	plasma glucose[Title/Abstract]) OR (fasting blood glucose[Title/Abstract]) OR (HbA1c[Title/Abstract]) OR (GSP[Title/Abstract]) OR (urine		
	glucose[Title/Abstract]) OR (postprandial plasma glucose[Title/Abstract]))) NOT ((meta-analysis[Title]) OR (review[Title]) OR (systematic		
	review[Title]) OR (Mendelian Randomization[Title]))		
Web of Science	(((TI="sleep initiation and maintenance disorders" OR TI="disorders of initiating and maintaining sleep" OR TI="DIMS" OR TI="sleep initiation	May 2, 2024	515
	dysfunction*" OR TI="sleep initiation" OR TI="initiating sleep" OR TI="early awakening" OR TI="wake up early" OR TI="waking up early" OR		
	TI="wakeful*" OR TI="sleeplessness" OR TI="sleepless" OR TI="sleep difficult*" OR TI="difficulty in falling asleep" OR TI="fall asleep" OR		
	TI="falling asleep" OR TI="difficulty in maintaining sleep" OR TI="maintain sleep" OR TI="sleep maintenance" OR TI="maintaining sleep" OR		
	TI="sleep impairment" OR TI="sleep disturbance" OR TI="sleep disorder" OR TI="insomnia" OR TI="sleep quality" OR TI="poor sleep" OR		
	TI="sleep efficiency") OR (AB="sleep initiation and maintenance disorders" OR AB="disorders of initiating and maintaining sleep" OR		
	AB="DIMS" OR AB="sleep initiation dysfunction*" OR AB="sleep initiation" OR AB="initiating sleep" OR AB="early awakening" OR AB="wake		
	up early" OR AB="waking up early" OR AB="wakeful*" OR AB="sleeplessness" OR AB="sleepless" OR AB="sleep difficult*" OR AB="difficulty		
	in falling asleep" OR AB="fall asleep" OR AB="falling asleep" OR AB="difficulty in maintaining sleep" OR AB="maintain sleep" OR AB="sleep"		

Database	Search strategy	Search date	Total number of identified articles
	maintenance" OR AB="maintaining sleep" OR AB="sleep impairment" OR AB="sleep disturbance" OR AB="sleep disorder" OR AB="insomnia"		
	OR AB="sleep quality" OR AB="poor sleep" OR AB="sleep efficiency")) AND ((TI="glycemic control" OR TI="blood glucose" OR TI="glycated		
	hemoglobin" OR TI="glycated serum proteins" OR TI="glycosuria" OR TI="blood glucose control" OR TI="fasting plasma glucose" OR TI="fasting		
	blood glucose" OR TI="HbA1c" OR TI="GSP" OR TI="urine glucose" OR TI="postprandial plasma glucose") OR (AB="glycemic control" OR		
	AB="blood glucose" OR AB="glycated hemoglobin" OR AB="glycated serum proteins" OR AB="glycosuria" OR AB="blood glucose control" OR		
	AB="fasting plasma glucose" OR AB="fasting blood glucose" OR AB="HbA1c" OR AB="GSP" OR AB="urine glucose" OR AB="postprandial		
	plasma glucose"))) NOT (TI="meta-analysis" OR TI="review" OR TI="systematic review" OR TI="Mendelian Randomization")		
Scopus	(INDEXTERMS("sleep initiation maintenance disorders") OR TITLE-ABS("disorders of initiating maintaining sleep") OR TITLE-ABS("DIMS")	May 2, 2024	140
	OR TITLE-ABS("sleep initiation dysfunction*") OR TITLE-ABS("sleep initiation") OR TITLE-ABS("initiating sleep") OR TITLE-ABS("early		
	awakening") OR TITLE-ABS("wake up early") OR TITLE-ABS("waking up early") OR TITLE-ABS("wakeful*") OR TITLE-ABS("sleeplessness")		
	OR TITLE-ABS("sleepless") OR TITLE-ABS("sleep difficult*") OR TITLE-ABS("difficulty in falling asleep") OR TITLE-ABS("fall asleep") OR		
	TITLE-ABS("falling asleep") OR TITLE-ABS("difficulty in maintaining sleep") OR TITLE-ABS("maintain sleep") OR TITLE-ABS("sleep		
	maintenance") OR TITLE-ABS("maintaining sleep") OR TITLE-ABS("sleep impairment") OR TITLE-ABS("sleep disturbance") OR TITLE-		
	ABS("sleep disorder") OR TITLE-ABS("insomnia") OR TITLE-ABS("sleep quality") OR TITLE-ABS("poor sleep") OR TITLE-ABS("sleep		
	efficiency")) AND (INDEXTERMS("glycemic control") OR INDEXTERMS("blood glucose") OR INDEXTERMS("glycated hemoglobin") OR		
	INDEXTERMS("glycated serum proteins") OR INDEXTERMS("glycosuria") OR TITLE-ABS("blood glucose control") OR TITLE-ABS("fasting		
	plasma glucose") OR TITLE-ABS("fasting blood glucose") OR TITLE-ABS("HbA1c") OR TITLE-ABS("GSP") OR TITLE-ABS("urine glucose")		
	OR TITLE-ABS("postprandial plasma glucose")) AND NOT INDEX(medline) AND NOT (TITLE("meta-analysis") OR TITLE("review") OR		
	TITLE("systematic review") OR TITLE("Mendelian Randomization")) AND (LIMIT-TO(SUBJAREA, "MEDI")) AND (LIMIT-TO		
	( DOCTYPE, "ar")) AND (LIMIT-TO( LANGUAGE, "English"))		

**Table S2.** The details of included articles

						Comple		Details of par	ticipants		- NOS
First Author	Year	Exposure	Indicator	Outcome	Indicator	Sample size	Region	$\mathbf{Age}^{\star}$	Gender (male, %)	Diabetes status	score
Cross-sectional stud	lies										
Abdu et al. [1]	2023	Sleep quality	Low quality: PSQI $\geq$ 5;	Glucose	HbA1c (%)	269	Qatar	$51.0 \pm 9.5$	63.9	T2D population	7
			high quality: PSQI < 5	levels							
Adler et al. [2]	2017	Sleep quality	SDSC	T1D	Clinical diagnosis	90	Israel	T1D population: $9.94 \pm 1.66$ ;	48.89	T1D population and	6
								non-diabetes population:		non-diabetes	
								$9.07\pm1.73$		population	
Al-Musharaf et	2023	Sleep quality	Low quality: PSQI $\geq$ 5;	Glucose	FPG (mg/dL)	487	Saudi	$35.19 \pm 12.74$	34.1	Non-diabetes	6
al. [3]			high quality: PSQI < 5	levels			Arabia			population	
Aribas et al. [4]	2015	Sleep quality	Low quality: PSQI > 5;	Glucose	FPG (mg/dL)	78	Turkey	Low sleep quality	38.46	T2D population	6
			high quality: PSQI $\leq 5$	levels				population: $50.6 \pm 9.2$ ; high			
								sleep quality population:			
								$47.7 \pm 9.4$			
Azuma et al. [5]	2019	Sleep quality	Questionnaire	Glucose	Adverse glycaemic	6,025	Japan	≥ 20	57.43	-	4
				levels	control: $HbA1c \ge$						
					6.5%; normal						
					glycaemic control:						
					$HbA1c \leq 6.5\%$						
Bani-Issa et al.	2018	Sleep quality	Low quality: PSQI $\geq$	Glucose	HbA1c (%)	268	United	$42.4\pm12.5$	38.06	T2D population	6
[6]			5.5; high quality: PSQI	levels			Arab				
			< 5.5				Emirates				

						C1-		Details of par	ticipants		NOC
First Author	Year	Exposure	Indicator	Outcome	Indicator	Sample size	Region	$\mathbf{Age}^*$	Gender (male, %)	Diabetes status	- NOS score
Barakat et al. [7]	2019	Sleep quality	Low quality: PSQI ≥ 8;	Glucose	Adverse glycaemic	1,211	Jordan	$58.8 \pm 9.74$	44.6	T2D population	3
			high quality: PSQI < 8	levels	control: HbA1c≥						
					7%; normal						
					glycaemic control:						
					HbA1c < 7%						
Barikani et al. [8]	2019	Sleep quality	Low quality: $PSQI \ge 6$ ;	Glucose	HbA1c (%)	347	Iran	Low sleep quality	26.1	T2D population	6
			high quality: PSQI < 6	levels				population: $55.1 \pm 9.04$ ; high			
								sleep quality population:			
								$53.3 \pm 8.4$			
Barone et al. [9]	2015	Sleep quality	PSQI	T1D	Clinical diagnosis	27	Brazil	T1D population: $26.3 \pm 5.1$ ;	44.44	T1D population and	6
								non-diabetes population:		non-diabetes	
								$28.8 \pm 5.3$		population	
Bener et al. [10]	2020	Sleep quality	Low quality: PSQI > 5;	Glucose	Adverse glycaemic	871	Turkey	-	37.89	T2D population	7
			high quality: PSQI $\leq$ 5	levels	control: $HbA1c \ge$						
					7%; normal						
					glycaemic control:						
					HbA1c < 7%						
Caruso et al. [11]	2014	Sleep quality	SDSC	T1D	Clinical diagnosis	43	Australia	T1D population: $12.0 \pm 2.8$ ;	56.1	T1D population and	6
								non-diabetes population:		non-diabetes	
								$11.2 \pm 2.8$		population	

						6 1		Details of par	ticipants		NOC
First Author	Year	Exposure	Indicator	Outcome	Indicator	Sample size	Region	$\mathbf{Age}^*$	Gender (male, %)	Diabetes status	- NOS score
Cho et al. [12]	2023	Sleep quality	PSQI	Glucose	Adverse glycaemic	96	Korea	$32.29 \pm 9.89$	32.1	T1D population	5
				levels	control: HbA1c≥						
					8%; normal						
					glycaemic control:						
					HbA1c < 8%						
Clark et al. [13]	2014	Insomnia	Karolinska Sleep	Glucose	Adverse glycaemic	1,629	Denmark	$54 \pm 4$	71.98	-	5
			Questionnaire (KSQ):	levels	control: HbA1c≥						
			an average frequency of		6.5%; normal						
			the insomnia symptoms		glycaemic control:						
			of "at least some times a		HbA1c < 6.5%						
			week"								
Colbay et al. [14]	2015	Sleep quality	Low quality: PSQI > 5;	T2D	Clinical diagnosis	97	Turkey	T2D population: $51.4 \pm 8.3$ ;	39.36	T2D population and	6
			high quality: $PSQI \le 5$					non-diabetes population:		non-diabetes	
								$50.5 \pm 9.8$		population	
Çömlek et al.	2021	Sleep quality	PSQI	T1D	Clinical diagnosis	98	Turkey	T1D population: $14.3 \pm 1.7$ ;	48.98	T1D population and	6
[15]								non-diabetes population:		non-diabetes	
								$14.1\pm1.9$		population	
Corrado et al.	2024	Sleep quality	Low quality: PSQI $\geq$ 5;	Glucose	HbA1c (%)	117	Italy	Low sleep quality	50.43	T1D population	6
[16]			high quality: PSQI < 5	levels				population: $42.4 \pm 14.3$ ; high			
								sleep quality population:			
								$38.7 \pm 14.4$			

						G1-		Details of par	ticipants		NOS
First Author	Year	Exposure	Indicator	Outcome	Indicator	Sample size	Region	Age*	Gender (male, %)	Diabetes status	- NOS score
Culver et al. [17]	2020	Sleep quality	Low quality: PSQI > 5;	Glucose	FPG (mg/dL)	31	USA	Low sleep quality	54.84	Non-diabetes	6
			high quality: PSQI $\leq$ 5	levels				population: $28.8 \pm 10.0$ ; high		population	
								sleep quality population:			
								$29.8 \pm 10.3$			
Cunha et al. [18]	2008	Sleep quality	Low quality: PSQI > 5;	Glucose	Adverse glycaemic	50	Brazil	median: 62	24	T2D population	4
			high quality: $PSQI \le 5$	levels	$control \colon HbA1c \! \geq \!$						
					7%; normal						
					glycaemic control:						
					HbA1c < 7%						
Del Brutto et al.	2014	Sleep quality	Low quality: PSQI > 5;	Glucose	$FPG \geq 100 \; mg/dL$	635	Ecuador	$59\pm13$	42	-	5
[19]			high quality: PSQI $\leq$ 5	levels							
Demirtaș et al.	2023	Sleep quality	Low quality: PSQI > 5;	Glucose	Adverse glycaemic	103	Turkey	$53.19 \pm 10.03$	46.6	Diabetic population	5
[20]			high quality: PSQI $\leq$ 5	levels	control: $HbA1c \ge$						
					7%; normal						
					glycaemic control:						
					HbA1c < 7%						
DePietro et al.	2017	Sleep efficiency	Wrist-actigraphy	Diabetes	Clinical diagnosis	212	USA	$63.9 \pm 11.1$	40.1	Diabetic population	5
[21]										and non-diabetes	
										population	
Ding et al. [22]	2019	Insomnia	Insomnia: ISI > 14; no	Glucose	HbA1c (%)	3,749	China	Insomnia population: 54.2 $\pm$	57.3	T2D population	5
			insomnia: ISI ≤ 14	levels				8.3; non-insomnia			
								population: $54.3 \pm 8.6$			

						C1-		Details of par	ticipants		NOC
First Author	Year	Exposure	Indicator	Outcome	Indicator	Sample size	Region	Age*	Gender (male, %)	Diabetes status	- NOS score
Dong et al. [23]	2023	Insomnia	Self-reported	Diabetes	Clinical diagnosis	3,382	China	Median: 41.0	89.92	Diabetic population	5
										and non-diabetes	
										population	
Fukui et al. [24]	2012	Sleep quality	Low quality: PSQI > 5;	T2D	Clinical diagnosis	563	Japan	T2D population: $63.8 \pm 10.0$ ;	100	T2D population and	5
			high quality: $PSQI \le 5$					non-diabetes population:		non-diabetes	
								$63.3 \pm 4.1$		population	
Gabbs et al. [25]	2022	Sleep quality	PSQI	T2D	Clinical diagnosis	240	Canada	T2D population: 15.11 $\pm$	37.08	T2D population and	6
								2.46; non-diabetes		non-diabetes	
								population: $16.31 \pm 2.86$		population	
Gara et al. [26]	2019	Sleep quality	Low quality: PSQI > 5;	Glucose	HbA1c (%)	444	India	$53.33 \pm 10.49$	42.34	T2D population	5
			high quality: $PSQI \le 5$	levels							
Gozashti et al.	2016	Sleep quality	Low quality: PSQI > 5;	Glucose	HbA1c (%)	118	Iran	$58 \pm 11$	76.27	T2D population	6
[27]			high quality: $PSQI \le 5$	levels							
Haliloglu et al.	2020	Sleep quality	PSQI	T2D	Clinical diagnosis	78	Turkey	T2D population: $53.8 \pm 12.5$ ;	35.9	T2D population and	5
[28]								non-diabetes population:		non-diabetes	
								$45.7\pm14.1$		population	
Hayashino et al.	2013	Sleep quality	Low quality: PSQI > 5;	Glucose	HbA1c (%)	1,513	Japan	$63.7 \pm 12.6$	50.6	T1D population and	6
[29]			high quality: $PSQI \le 5$	levels						T2D population	
Hilmisson et al.	2019	Sleep quality	Low quality: Sleep	Glucose	FPG (mg/dL)	72	USA	Low sleep quality	53.53	-	7
[30]			quality index (SQI) <60;	levels				population: $6.3 \pm 1.2$ ; high			
			high quality: SQI $\geq$ 80					sleep quality population:			
								$6.3\pm1.0$			

						6 1		Details of par	ticipants		NOG
First Author	Year	Exposure	Indicator	Outcome	Indicator	Sample size	Region	$\mathbf{Age}^{\star}$	Gender (male, %)	Diabetes status	- NOS score
Huang et al. [31]	2017	Sleep quality	Low quality: PSQI > 7;	Glucose	HbA1c (%)	81	China	Low sleep quality	53.33	T2D population	6
			high quality: $PSQI \le 7$	levels				population: $66.2 \pm 8.8$ ; high			
								sleep quality population:			
								$65.6\pm10.3$			
Hung et al. [32]	2013	Sleep quality	PSQI	Glucose	IFG: FPG of 5.6–	1,335	China	IFG population: $51.4 \pm 8.8$ ;	60.79	Non-diabetes	5
				levels	7.0 mmol/L and 2-h			non-IFG population: 50.0 $\pm$		population	
					post load glucose			8.1			
					<7.8 mmol/L;						
					otherwise, no IFG:						
Hur et al. [33]	2020	Sleep efficiency	Wrist-actigraphy	T2D	Clinical diagnosis	60	Korea	T2D population: 47.3 $\pm$	53.33	T2D population and	6
								10.68; non-diabetes		non-diabetes	
								population: $42.9 \pm 12.45$		population	
Imes et al. [34]	2022	Insomnia	Insomnia: ISI $\geq$ 10; no	Glucose	HbA1c (%)	149	USA	$56.3\pm10.5$	51.4	T2D population	6
			insomnia: ISI < 10	levels							
Inoue et al. [35]	2021	Insomnia	Questionnaire	Diabetes	Clinical diagnosis	7,324	Japan	Diabetes population: 62.0 $\pm$	49.66	Diabetic population	5
								15.1; non-diabetes		and non-diabetes	
								population: $44.7 \pm 16.5$		population	
Ishibashi et al.	2020	Sleep quality	PSQI	T2D	Clinical diagnosis	178	Japan	T2D population: $48.6 \pm 0.7$ ;	62.92	T2D population and	6
[36]								non-diabetes population:		non-diabetes	
								$48.6\pm1.2$		population	
Jain et al. [37]	2012	Insomnia	-	Glucose	HbA1c (%)	19	USA	Insomnia population: 51.6 $\pm$	21.05	T2D population	5
				levels				4.6; non-insomnia			
								population: $54.2 \pm 2.4$			

						Commis		Details of par	ticipants		- NOS
First Author	Year	Exposure	Indicator	Outcome	Indicator	Sample	D	A *	Gender	D'alata status	
						size	Region	$\mathbf{Age}^*$	(male, %)	Diabetes status	score
Jemere et al. [38]	2019	Sleep quality	Low quality: PSQI > 5;	Glucose	Adverse glycaemic	99	Ethiopia	T2D population:	52.53	T2D population and	6
			high quality: $PSQI \le 5$	levels	control: FPG > 130			$50.14 \pm 11.3$ ; non-diabetes		non-diabetes	
					$mg/dL$ or $\leq 70$			population: $49.9 \pm 9.7$		population	
					mg/dL; otherwise,						
					normal adverse						
					glycaemic control						
Kachi et al. [39]	2011	Insomnia	Questionnaire	Glucose	Adverse glycaemic	1,042	Japan	$43.9 \pm 10.1$	100	-	4
				levels	control: $HbA1c \ge$						
					6%; normal						
					glycaemic control:						
					HbA1c < 6%						
Keckeis et al.	2010	Insomnia	-	Glucose	Adverse glycaemic	52	Germany	Insomnia population: 49.1 $\pm$	46.3	Non-diabetes	4
[40]				levels	control: $HbA1c$ , $\geq$			9.7; non-insomnia		population	
					5.5% and FPG $\geq$			population: $46.8 \pm 7.7$			
					100 mg/dL;						
					otherwise, normal						
					glycaemic control						
Keskin et al. [41]	2015	Sleep quality	Low quality: PSQI $\geq$ 5;	Glucose	Adverse glycaemic	564	Turkey	Median: 58	33.04	T2D population	6
			high quality: PSQI < 5	levels	control: HbA1c >						
					6.5%; normal						
					glycaemic control:						
					$HbA1c \leq 6.5\%$						

						6 1		Details of par	ticipants		NOG
First Author	Year	Exposure	Indicator	Outcome	Indicator	Sample size	Region	Age*	Gender (male, %)	Diabetes status	- NOS score
Khakurel et al.	2020	Sleep quality	PSQI (≥8, <8)	Glucose	Adverse glycaemic	208	Nepal	$55.36 \pm 10.58$	45.2	T2D population	5
[42]				levels	control: $HbA1c \ge$						
					7%; normal						
					glycaemic control:						
					HbA1c < 7%						
Kita et al. [43]	2012	Sleep quality	Athens Insomnia Scale	Diabetes	Clinical diagnosis	2,862	Japan	Diabetes population: 50.3 $\pm$	79.3	Diabetic population	6
			(AIS)					4.0; non-diabetes population:		and non-diabetes	
								$46.2 \pm 6.1$		population	
Kostkova et al.	2018	Sleep efficiency	Video polysomnography	T1D	Clinical diagnosis	104	Slovakia	T1D population: $14.4 \pm 2.5$ ;	40.38	T1D population and	6
[44]								non-diabetes population:		non-diabetes	
								$13.9 \pm 0.33$		population	
Lee et al. [45]	2016	Sleep quality	Low quality: PSQI $\geq$ 5;	Glucose	IFG: 110 mg/dL $\leq$	463	China	$57.0 \pm 10.2$	45.6	Non-diabetes	6
			high quality: PSQI < 5	levels	$FPG \leq 125 \ mg/dL;$					population	
					otherwise, no IFG						
Lou et al. [46]	2014	Sleep quality	Low quality: PSQI > 5;	Glucose	IFG: 110 mg/dL $\leq$	15,145	China	$47.6\pm15.1$	49.9	Non-diabetes	6
			high quality: $PSQI \le 5$	levels	$FPG \leq 125 \ mg/dL;$					population	
					otherwise, no IFG						
Lou et al. [47]	2012	Sleep quality	Self-reported sleep	T2D	Clinical diagnosis	16,893	China	$45.1\pm14.4$	45.6	T2D population and	6
			quality							non-diabetes	
										population	

						6 1		Details of par	ticipants		NOG
First Author	Year	Exposure	Indicator	Outcome	Indicator	Sample size	Region	Age*	Gender (male, %)	Diabetes status	- NOS score
Lou et al. [48]	2015	Sleep quality	Low quality: PSQI > 7;	Glucose	Adverse glycaemic	944	China	64.1 ± 10.2	38.7	T2D population	6
			high quality: $PSQI \le 7$	levels	control: HbA1c≥						
					6.5%; normal						
					glycaemic control:						
					HbA1c < 6.5%						
Lou et al. [49]	2015	Sleep quality	Questionnaire	T2D	Clinical diagnosis	4,213	China	$44.8 \pm 14.7$	45.4	T2D population and	6
										population	
Martyn-Nemeth	2018	Sleep quality	Low quality: PSQI > 5;	Glucose	HbA1c (%)	48	USA	$27.0 \pm 5.8$	37	T1D population	6
et al. [50]			high quality: $PSQI \le 5$	levels							
Mehrdad et al.	2021	Sleep quality	Low quality: PSQI > 5;	Glucose	HbA1c (%)	266	Iran	$47.00\pm19.04$	34.6	T1D population and	5
[51]			high quality: $PSQI \le 5$	levels						T2D population	
Meng et al. [52]	2015	Sleep quality	Low quality: PSQI < 7;	Glucose	HbA1c (%)	332	China	Low sleep quality	56.63	T2D population	5
			high quality: $PSQI \ge 7$	levels				population: $59.36 \pm 9.39$ ;			
								high sleep quality			
								population: $53.09 \pm 13.60$			
Mokhlesi et al.	2019	Sleep quality	PSQI	T2D	Clinical diagnosis	962	USA	$52.2 \pm 9.5$	54.6	T2D population and	5
[53]										non-diabetes	
										population	
Mokhlesi et al.	2019	Sleep quality	Sleep Disturbances	T2D	Clinical diagnosis	96	USA	$14.1\pm2.1$	29.9	T2D population and	6
[54]			Scale questionnaire, low							non-diabetes	
			quality: ≥52; high							population	
			quality: <52								

Sampl				61-		Details of participants					
First Author	Year	Exposure	Indicator	Outcome	Indicator	size	Region	Age*	Gender (male, %)	Diabetes status	NOS score
Narisawa et al.	2017	Sleep quality	PSQI	T2D	Clinical diagnosis	1,244	Japan	T2D population: $56.8 \pm 9.62$ ;	75.88	T2D population and	6
[55]								non-diabetes population:		non-diabetes	
								$56.1 \pm 9.56$		population	
Nefs et al. [56]	2015	Sleep quality	Low quality: PSQI > 5;	Glucose	HbA1c (%)	243	Netherlan	$62\pm 9$	54	T2D population	4
			high quality: $PSQI \le 5$	levels			ds				
O et al. [57]	2023	Insomnia	Insomnia: ISI > 14; no	Glucose	HbA1c (%)	986	China	Insomnia population: 62.6 $\pm$	58.14	T2D population	5
			insomnia: ISI ≤ 14	levels				2.5; non-insomnia			
								population: $62.5 \pm 2.6$			
Osonoi et al. [58]	2015	Sleep quality	Low quality: PSQI > 5;	Glucose	HbA1c (%)	539	Japan	57.8±8.6	62.98	T2D population	5
			high quality: PSQI $\leq$ 5	levels							
Pan et al. [59]	2022	Insomnia	Insomnia: ISI > 14; no	Glucose	FPG (mg/dL)	118	China	Insomnia population: 72.33	51.69	-	5
			insomnia: ISI ≤ 14	levels				$\pm$ 5.95; non-insomnia			
								population: $71.84 \pm 6.24$			
Pillar et al. [60]	2003	Sleep efficiency	Polysomnography	T1D	Clinical diagnosis	30	Israel	T1D population: $12.6 \pm 2.9$ ;	53.33	T1D population and	6
								non-diabetes population:		non-diabetes	
								$13.3\pm1.1$		population	
Qin et al. [61]	2016	Sleep quality	Low quality: PSQI > 5;	Glucose	IFG: FPG $\geq$ 126	15,145	China	$47.6\pm15.1$	49.9	-	6
			high quality: $PSQI \le 5$	levels	mg/dL; no IFG:						
					$FPG < 126 \ mg/dL$						

						6 1		Details of par	ticipants		Nos
First Author	Year	Exposure	Indicator	Outcome	Indicator	Sample size	Region	$\mathbf{Age}^*$	Gender (male, %)	Diabetes status	- NOS score
Reutrakul et al.	2011	Sleep quality	Low quality: PSQI > 5;	GDM	A 100 g oral	142	USA	$28.5 \pm 5.5$	0	GDM population	3
[62]			high quality: $PSQI \le 5$		glucose tolerance						
					test during the						
					second trimester of						
					gestation						
Richa et al. [63]	2023	Sleep quality	PSQI (≥5, <5)	Glucose	Adverse glycaemic	192	India	$52.7\pm10.3$	53.13	T2D population	6
				levels	control: $HbA1c \ge$						
					7%; normal						
					glycaemic control:						
					HbA1c < 7%						
Rizza et al. [64]	2021	Sleep quality	Low quality: PSQI $\geq$ 5;	Glucose	HbA1c (%)	273	Italy	Low sleep quality	32.23	Non-diabetes	5
			high quality: PSQI < 5	levels				population: $38.7 \pm 6.3$ ; high		population	
								sleep quality population:			
								$36.9 \pm 6.5$			
Ruangchaisiwaw	2024	Sleep quality	Low quality: PSQI > 5;	Glucose	Adverse glycaemic	127	Thailand	$66.2 \pm 7.3$	48.03	T2D population	5
et et al. [65]			high quality: PSQI $\leq 5$	levels	control: $HbA1c \ge$						
					7%; normal						
					glycaemic control:						
					HbA1c < 7%						

						Sample -	Details of participants					
First Author	Year	Exposure	Indicator	Outcome	Indicator	size	Region	Age*	Gender (male, %)	Diabetes status	- NOS score	
Sakamoto et al.	2018	Sleep quality	Low quality: PSQI ≥ 6;	Glucose	Adverse glycaemic	3,294	Japan	Median: 65	61.08	T2D population	5	
[66]			high quality: PSQI < 6	levels	control: HbA1c >							
					7%; normal							
					glycaemic control:							
					$HbA1c \leq 7\%$							
Shamshirgaran et	2017	Sleep quality	Low quality: PSQI > 5;	Glucose	Adverse glycaemic	256	Iran	$54.06 \pm 9.09$	29	T2D population	6	
al. [67]			high quality: $PSQI \le 5$	levels	control: $HbA1c \ge$							
					7%; normal							
					glycaemic control:							
					HbA1c < 7%							
Silva-Costa et al.	2020	Insomnia	Questionnaire	Glucose	Adverse glycaemic	6,231	Brazil	Insomnia population: 56.3 $\pm$	100	-	5	
[68]				levels	control: $HbA1c \ge$			9.2; non-insomnia				
					6.5%; normal			population: $55.6 \pm 9.2$				
					glycaemic control:							
					HbA1c < 6.5%							
Simon et al. [69]	2018	Sleep efficiency	Wrist-actigraphy	Diabetes	Clinical diagnosis	22	USA	Diabetes population: 14.09 $\pm$	40.91	Diabetic population	5	
								2.2; non-diabetes population:		and non-diabetes		
								$13.5\pm2.3$		population		
Suárez-Torres et	2023	Insomnia	Insomnia: AIS >6; no	Glucose	Adverse glycaemic	202	Mexico	Median: 53	29	T2D population	7	
al. [70]			insomnia: AIS $\leq 6$	levels	control: $HbA1c \ge$							
					7%; normal							
					glycaemic control:							
					HbA1c < 7%							

						G1-		Details of participants				
First Author	Year	Exposure	Indicator	Outcome	Indicator	Sample size	Region	$\mathbf{Age}^*$	Gender (male, %)	Diabetes status	- NOS score	
Sugano et al. [71]	2022	Insomnia	Questionnaire	Glucose	IFG: FPG ≥ 110	755	Japan	50.1 ± 7.2	100	-	5	
				levels	mg/dL; no IFG:							
					$FPG < 110 \; mg/dL$							
Suteau et al. [72]	2020	Sleep quality	Low quality: PSQI > 5;	Glucose	HbA1c (%)	315	France	$47\pm15$	46	T1D population	4	
			high quality: PSQI $\leq$ 5	levels								
Telford et al. [73]	2019	Sleep quality	Low quality: PSQI > 5;	Glucose	HbA1c (%)	281	USA	$61.9 \pm 8.8$	51.6	T2D population	4	
			high quality: PSQI $\leq$ 5	levels								
Trento et al. [74]	2008	Sleep efficiency	Wrist-actigraphy	T2D	Clinical diagnosis	70	Italy	T2D population: $61.0 \pm 4.9$ ;	61.43	T2D population and	5	
								non-diabetes population:		non-diabetes		
								$58.0 \pm 9.7$		population		
Tsai et al. [75]	2011	Sleep quality	Low quality: PSQI > 7;	Glucose	Adverse glycaemic	46	China	$60.11 \pm 9.69$	60.87	T2D population	4	
			high quality: $PSQI \le 7$	levels	control: $HbA1c \ge$							
					7%; normal							
					glycaemic control:							
					HbA1c < 7%							
Vargas et al. [76]	2021	Sleep quality	Low quality: PSQI $\geq$ 5;	Glucose	FPG (mg/dL)	26	Chile	$39.9\pm11.94$	0	-	5	
			high quality: PSQI < 5	levels								
Vézina-Im et al.	2021	Insomnia	PSQI	Diabetes	Clinical diagnosis	151	Canada	Adults	19.9	T1D population, T2D	7	
[77]										population and non-		
										diabetes population		
Vgontzas et al.	2009	Insomnia	A complaint of	Glucose	FPG (mg/dL)	1,221	USA	-	48	T2D population and	5	
[78]			insomnia with a	levels						non-diabetes		
			duration of at least 1 y							population		

						C1-		Details of participants				
First Author	Year	Exposure	Indicator	Outcome	Indicator	Sample size	Region	$\mathbf{Age}^{\star}$	Gender (male, %)	Diabetes status	NOS score	
Wu et al. [79]	2023	Sleep quality	PSQI	PGDM or	The 75-g OGTT	1,335	China	GDM population:	0	PGDM population,	5	
				GDM	method			$31.73 \pm 4.41$ ; non-diabetes		GDM population, and		
								population: $28.27 \pm 3.56$		non-diabetes		
										population		
Xu et al. [80]	2019	Sleep quality	Low quality: PSQI > 7;	Glucose	Adverse glycaemic	944	China	Range: 30-89	35.7	T2D population	6	
			high quality: $PSQI \le 7$	levels	control: $HbA1c \ge$							
					7%; normal							
					glycaemic control:							
					HbA1c < 7%							
Yang et al. [81]	2021	Sleep quality	Low quality: PSQI > 7;	Glucose	HbA1c (%)	70	China	$50.1\pm11.1$	63.96	T2D population	5	
			high quality: $PSQI \le 7$	levels								
Yoshida et al.	2018	Insomnia	Low quality: PSQI $\geq$	Glucose	HbA1c (%)	503	Japan	Insomnia population: 61.3 $\pm$	58.05	T2D population	4	
[82]			5.5; high quality: PSQI	levels				13.6; non-insomnia				
			< 5.5					population: $64.9 \pm 11.9$				
Zhu et al. [83]	2014	Sleep quality	Low quality: $PSQI \ge 8$ ;	Glucose	FPG (mmol/L)	206	China	$57.23 \pm 11.24$	66	T2D population	6	
			high quality: PSQI < 8	levels								
Zubair et al. [84]	2018	Sleep quality	PSQI	T2D	Clinical diagnosis	100	Pakistan	$50\pm7$	38	T2D population and	5	
										non-diabetes		
										population		
Case-control studies	3											
Agyekum et al.	2023	Sleep quality	PSQI	T2D	Clinical diagnosis	360	Ghana	T2D population: $52.0 \pm 7.9$ ;	36.11	T2D population and	8	
[85]								non-diabetes population:		non-diabetes		
								$48.6\pm10.6$		population		

						C1-		Details of par	ticipants		NOC
First Author	Year	Exposure	Indicator	Outcome	Indicator	Sample size	Region	Age*	Gender (male, %)	Diabetes status	- NOS score
Al-Musharaf et	2022	Sleep quality	Low quality: PSQI > 5;	Glucose	FPG (mg/dL)	92	Saudi	$21.1 \pm 1.5$	0	-	8
al. [86]			high quality: $PSQI \le 5$	levels			Arabia				
Bahadur et al.	2022	Sleep quality	CSHQ	T1D	Clinical diagnosis	124	Turkey	T1D population: $8.81 \pm 2.28$ ;	38.71	T1D population and	7
[87]								non-diabetes population:		non-diabetes	
								8.14±2.3		population	
Henriksen et al.	2023	Insomnia	Questionnaire	T2D	Clinical diagnosis	20,295	Norway	T2D population: $69.9 \pm 9.8$ ;	44.78	T2D population and	9
[88]								non-diabetes population:65.3		non-diabetes	
								± 11.2		population	
van Dijk et al.	2011	Sleep quality	PSQI	T1D	Clinical diagnosis	198	Netherlan	T1D population: $43.9 \pm 1.3$ ;	55.56	T1D population and	8
[89]							ds	non-diabetes population:		non-diabetes	
								$44.1\pm1.3$		population	
Cohort studies											
LeBlanc et al.	2018	Insomnia	physician-entered	T2D	Clinical diagnosis	81,233	USA	$57.5 \pm 13.6$	46.37	Non-diabetes	7
[90]			diagnosis of insomnia or							population	
			use medications for								
			sleep problems								
Zou et al. [91]	2022	Sleep quality	Low quality: PSQI > 5;	GDM	a 75 g oral glucose	3,329	China	GDM population: 30.08 $\pm$	0	Non-diabetes	6
			high quality: $PSQI \le 5$		tolerance test			4.28; non-diabetes		population	
								population: $28.43 \pm 3.95$			

PSQI – Pittsburgh Sleep Quality Index, SDSC – The Sleep Disturbance Scale for Children, CSHQ – The Children's Sleep Habits Questionnaire, ISI – Insomnia Severity Index, AIS – Athens Insomnia Scale, HbA1c – haemoglobin A1c, FPG – fasting plasma glucose, IFG – impaired fasting glucose, T1D – type 1 diabetes, T2D – type 2 diabetes, GDM – gestational diabetes mellitus, PGDM – pregestational diabetes mellitus, NOS – The Newcastle-Ottawa Scale.

\* If there is no specific explanation, age is presented as mean (±standard deviation) by default.

**Table S3.** The details of quality assessment

Study	Selection	Comparability	Exposure/outcome	Total score
Cross-sectional studies				
Abdu et al. [1]	111	11	11	7
Adler et al. [2]	011	11	11	6
Al-Musharaf et al. [3]	011	11	11	6
Aribas et al. [4]	011	11	11	6
Azuma et al. [5]	010	01	11	4
Bani-Issa et al. [6]	101	11	11	6
Barakat et al. [7]	001	00	11	3
Barikani et al. [8]	011	11	11	6
Barone et al. [9]	011	11	11	6
Bener et al. [10]	111	11	11	7
Caruso et al. [11]	101	11	11	6
Cho et al. [12]	101	01	11	5
Clark et al. [13]	101	01	11	5
Colbay et al. [14]	011	11	11	6
Çömlek et al. [15]	011	11	11	6
Corrado et al. [16]	011	11	11	6
Culver at al.[17]	011	11	11	6
Cunha et al. [18]	111	00	10	4
Del Brutto et al. [19]	011	01	11	5
Demirtaș et al. [20]	011	01	11	5
DePietro et al. [21]	011	01	11	5
Ding et al. [22]	011	01	11	5
Dong et al. [23]	110	01	11	5

Study	Selection	Comparability	Exposure/outcome	Total score
Fukui et al. [24]	011	01	11	5
Gara et al. [26]	011	01	11	5
Gabbs et al. [25]	011	11	11	6
Gozashti et al. [27]	011	11	11	6
Haliloglu et al. [28]	011	01	11	5
Hayashino et al. [29]	011	11	11	6
Hilmisson et al. [30]	111	11	11	7
Huang et al. [31]	011	11	11	6
Hung et al. [32]	011	01	11	5
Hur et al. [33]	011	11	11	6
Imes et al. [34]	111	01	11	6
Inoue et al. [35]	110	01	11	5
Ishibashi et al. [36]	011	11	11	6
Jain et al. [37]	010	01	11	4
Jemere et al. [38]	011	11	11	6
Kachi et al. [39]	010	01	11	4
Keckeis et al. [40]	010	01	11	4
Keskin et al. [41]	011	11	11	6
Khakurel et al. [42]	101	10	11	5
Kita et al. [43]	111	01	11	6
Kostkova et al. [44]	011	11	11	6
Lee et al. [45]	011	11	11	6
Lou et al. [46]	111	01	11	6
Lou et al. [47]	110	11	11	6
Lou et al. [48]	111	01	11	6

Study	Selection	Comparability	Exposure/outcome	Total score
Lou et al. [49]	111	01	11	6
Martyn-Nemeth et al. [50]	011	11	11	6
Mehrdad et al. [51]	101	01	11	5
Meng et al. [52]	011	01	11	5
Mokhlesi et al. [53]	011	01	11	5
Mokhlesi et al. [54]	011	11	11	6
Narisawa et al. [55]	011	11	11	6
Nefs et al. [56]	001	01	11	4
O et al. [57]	011	01	11	5
Osonoi et al. [58]	011	01	11	5
Pan et al. [59]	001	11	11	5
Pillar et al. [60]	011	11	11	6
Qin et al. [61]	111	01	11	6
Reutrakul et al. [62]	001	00	11	3
Richa et al. [63]	111	01	11	6
Rizza et al. [64]	011	01	11	5
Ruangchaisiwawet et al. [65]	011	01	11	5
Sakamoto et al. [66]	011	01	11	5
Shamshirgaran et al. [67]	011	11	11	6
Silva-Costa et al. [68]	110	01	11	5
Simon et al. [69]	001	11	11	5
Suárez-Torres et al. [70]	111	11	11	7
Sugano et al. [71]	101	01	11	5
Suteau et al. [72]	001	01	11	4
Telford et al. [73]	001	01	11	4

Study	Selection	Comparability	Exposure/outcome	Total score
Trento et al. [74]	001	11	11	5
Tsai et al. [75]	001	01	11	4
Vargas et al. [76]	001	11	11	5
Vézina-Im et al. [77]	111	11	11	7
Vgontzas et al. [78]	110	01	11	5
Wu et al. [79]	101	01	11	5
Xu et al. [80]	111	01	11	6
Yang et al. [81]	001	11	11	5
Yoshida et al. [82]	001	01	11	4
Zhu et al. [83]	111	01	11	6
Zubair et al. [84]	011	01	11	5
Case-control studies				
Agyekum et al. [85]	1111	01	111	8
Al-Musharaf et al. [86]	1011	11	111	8
Bahadur et al. [87]	1001	11	111	7
Henriksen et al. [88]	1111	11	111	9
van Dijk et al. [89]	1011	11	111	8
Cohort studies				
LeBlanc et al. [90]	1111	00	111	7
Zou et al. [91]	0111	00	111	6

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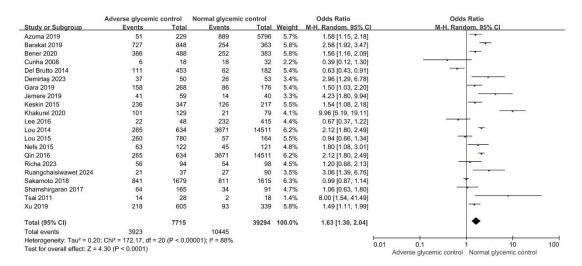
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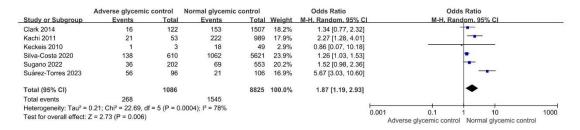
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**Figure S1.** The meta-analysis comparing the occurrence of low sleep quality between groups of adverse/normal glycaemic control



**Figure S2.** The meta-analysis comparing the occurrence of insomnia between groups of adverse/normal glycaemic control



**Figure S3.** The meta-analysis comparing the occurrence of low sleep quality between groups with/without diabetes

	Diabetes	group	Non-diabetes	s group		Odds Ratio	Odds Ratio
Study or Subgroup	Events	Total	Events	Total	Weight	M-H. Random, 95% CI	M-H, Random, 95% CI
Colbay 2015	41	53	15	44	5.1%	6.61 [2.70, 16.18]	-
Fukui 2012	104	296	59	267	19.7%	1.91 [1.31, 2.78]	
Lou 2012	148	954	1119	15939	36.0%	2.43 [2.02, 2.93]	-
Lou 2015	47	136	761	4077	20.5%	2.30 [1.60, 3.31]	
Mokhlesi 2019	17	58	8	38	4.5%	1.55 [0.59, 4.07]	-
Reutrakul 2011	18	26	74	116	5.0%	1.28 [0.51, 3.19]	<del>-   •</del>
van Dijk 2011	36	99	20	99	9.2%	2.26 [1.19, 4.28]	<del></del>
Total (95% CI)		1622		20580	100.0%	2.28 [1.84, 2.82]	•
Total events	411		2056				
Heterogeneity: Tau <sup>2</sup> =	0.02; Chi <sup>2</sup> =	8.85, df	= 6 (P = 0.18);	$I^2 = 32\%$			1 1 1 1 1 1
Test for overall effect:	Z = 7.51 (P	< 0.0000	01)				0.1 0.2 0.5 1 2 5 10 Diabetes group Non-diabetes group

Figure S4. The meta-analysis comparing the occurrence of insomnia between groups with/without diabetes

	Diabetes	group	Non-diabete	s group		Odds Ratio		Odd	s Ratio		
Study or Subgroup	Events	Total	Events	Total	Weight	M-H, Random, 95% CI	Ĭ	M-H, Ran	dom, 95%	CI	
Dong 2023	63	2058	27	1324	11.2%	1.52 [0.96, 2.39]			-		
Henriksen 2023	750	1005	13230	19290	46.7%	1.35 [1.17, 1.56]			-		
Inoue 2021	151	570	1626	6754	36.5%	1.14 [0.94, 1.38]			-		
Vézina-Im 2021	32	54	39	97	5.6%	2.16 [1.10, 4.26]			-		
Total (95% CI)		3687		27465	100.0%	1.32 [1.12, 1.56]			•		
Total events	996		14922								
Heterogeneity: Tau <sup>2</sup> =	0.01; Chi2 =	4.68, df	= 3 (P = 0.20);	$I^2 = 36\%$			+		<del>!                                    </del>	<del></del>	+
Test for overall effect:	Z = 3.25 (P	= 0.001)					0.05	0.2 Diabetes group	Non-dia	5 betes arou	20 ID

Figure S5. The meta-analysis comparing the glucose levels of groups with high/low sleep quality

	Low slee	p quality g	roup	High slee	p quality g	roup	5	Std. Mean Difference	Std. Mean Difference
Study or Subgroup	Mean	SD	Total	Mean	SD	Total	Weight	IV, Random, 95% CI	IV, Random, 95% CI
Abdu 2023	7.4	2	97	7.7	3	172	5.7%	-0.11 [-0.36, 0.14]	
Al-Musharaf 2022	4.7	0.7	70	4.4	0.7	22	2.2%	0.42 [-0.06, 0.91]	
Al-Musharaf 2023	92.63	18.65	78	93.9	18.94	409	5.8%	-0.07 [-0.31, 0.18]	<del></del>
Aribas 2015	172	62	31	164	70	47	2.4%	0.12 [-0.34, 0.57]	<del> </del>
Bani-Issa 2018	7.96	1.5	90	7.92	1.42	178	5.5%	0.03 [-0.23, 0.28]	
Barikani 2019	6.9	3.7	69	6.1	2.1	278	5.3%	0.32 [0.05, 0.58]	- · · · · · · · · · · · · · · · · · · ·
Corrado 2024	7.4	1	81	7.3	1	36	3.1%	0.10 [-0.29, 0.49]	<del>-   •</del>
Culver 2020	84.5	9.9	9	84	6.6	22	1.0%	0.06 [-0.71, 0.84]	
Gozashti 2016	7.9	1.2	87	7.7	1.2	31	2.9%	0.17 [-0.24, 0.58]	<del>-   ·</del>
Hayashino 2013	7.8	1.3	602	7.8	1.2	911	10.7%	0.00 [-0.10, 0.10]	<del></del>
Hilmisson 2019	81.09	7.21	35	81.09	7.21	37	2.4%	0.00 [-0.46, 0.46]	
Huang 2017	7.3	0.5	37	7	0.6	44	2.5%	0.53 [0.09, 0.98]	*
Martyn-Nemeth 2018	7.2	0.8	22	7.2	1.2	26	1.7%	0.00 [-0.57, 0.57]	-
Mehrdad 2021	7.84	1.67	185	7.17	1.06	81	5.3%	0.44 [0.18, 0.71]	
Meng 2015	8.88	1.95	88	9.03	1.93	244	5.8%	-0.08 [-0.32, 0.17]	
Nefs 2015	7.3	1.3	108	7.1	1.3	135	5.5%	0.15 [-0.10, 0.41]	
Osonoi 2015	7.1	0.8	77	6.9	1	462	5.9%	0.21 [-0.04, 0.45]	
Rizza 2021	5.33	0.32	110	5.23	0.29	163	5.8%	0.33 [0.09, 0.57]	
Suteau 2020	7.7	1	156	7.6	0.9	159	6.4%	0.10 [-0.12, 0.33]	<del></del>
Telford 2019	8	1.9	149	7.9	1.7	132	6.1%	0.06 [-0.18, 0.29]	
Vargas 2021	102.08	15.58	12	97.35	21.79	14	1.0%	0.24 [-0.54, 1.01]	
Yang 2021	7.92	1.63	45	7.35	1.29	25	2.1%	0.37 [-0.12, 0.86]	
Zhu 2014	156.77	39.46	97	140.56	40.18	109	5.0%	0.41 [0.13, 0.68]	<del></del>
Total (95% CI)			2335			3737	100.0%	0.14 [0.06, 0.22]	•

Figure S6. The meta-analysis comparing the glucose levels of groups with/without insomnia

	Inson	nnia gro	oup	Non-ins	somnia g	roup		Std. Mean Difference	Std. Mean Difference			
Study or Subgroup	Mean	SD	Total	Mean	SD	Total	Weight	IV. Random. 95% CI		IV. Ran	dom. 95% CI	
Ding 2019	7.72	1.74	359	7.5	1.46	3390	36.9%	0.15 [0.04, 0.26]			-	
Imes 2022	7.9	1.3	108	7.4	1.4	41	5.1%	0.37 [0.01, 0.74]			-	-
Jain 2012	7.5	0.5	14	7.6	0.5	5	0.7%	-0.19 [-1.21, 0.83]	100 m			_
O 2023	7.84	1.66	90	7.4	1.29	896	13.0%	0.33 [0.11, 0.55]			-	
Pan 2022	101.39	14.42	60	100.28	14.61	58	5.2%	0.08 [-0.29, 0.44]		· ·	-	
Vgontzas 2009	109	32	199	103	38	1022	23.3%	0.16 [0.01, 0.31]				
Yoshida 2018	7.1	1	141	7.1	0.8	362	15.7%	0.00 [-0.19, 0.19]		-	<b>T</b>	
Total (95% CI)			971			5774	100.0%	0.16 [0.07, 0.24]			•	
Heterogeneity: Tau <sup>2</sup> =	0.00; Chi	$r^2 = 7.02$	, df = 6	(P = 0.32)	; I <sup>2</sup> = 15%	5		=	<del>_</del>	1-	0 05	-
Test for overall effect:	Z = 3.65	(P = 0.0)	003)						-1	-0.5 Insomnia group	0 0.5 Non-insomni	a group

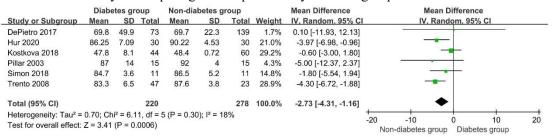
Figure S7. The meta-analysis comparing the sleep quality scores between groups with/without diabetes

	Diabetes group		Non-dia	betes g	roup		Std. Mean Difference		Std. Me	an Differen	ce		
Study or Subgroup	Mean	SD	Total	Mean	SD	Total	Weight	IV, Random, 95% CI	1	IV, Ra	ndom. 95%	CI	
Adler 2017	39.58	8.74	45	39.6	8.68	45	6.7%	-0.00 [-0.42, 0.41]			+		
Agyekum 2023	7.8	3.9	200	5.5	3	160	7.1%	0.65 [0.44, 0.86]			-		
Bahadur 2022	44.8	6.77	75	43.67	6.07	49	6.8%	0.17 [-0.19, 0.53]			+-		
Barone 2015	7.1	1.1	18	7.5	1.6	9	5.6%	-0.30 [-1.11, 0.50]			-		
Caruso 2014	61.3	10.6	16	41.5	14.2	27	5.9%	1.50 [0.79, 2.20]				-	
Gabbs 2022	5.69	2.98	188	5.83	3.28	52	6.9%	-0.05 [-0.35, 0.26]			+		
Haliloglu 2020	6.5	3.4	36	6.6	5	42	6.6%	-0.02 [-0.47, 0.42]			_		
Ishibashi 2020	4.8	0.24	124	3.26	0.22	54	5.7%	6.55 [5.79, 7.31]					•
Kita 2012	4.4	3.5	74	3.8	3	2788	7.0%	0.20 [-0.03, 0.43]			-		
Mokhlesi 2019	6.4	3.9	258	6.8	3.9	704	7.1%	-0.10 [-0.25, 0.04]			-		
Narisawa 2017	5.7	3.17	622	5.23	2.93	622	7.2%	0.15 [0.04, 0.27]			-		
van Dijk 2011	4.6	0.3	99	4	0.2	99	6.8%	2.34 [1.98, 2.71]					
Wu 2023	5.74	2.81	626	3.57	1.71	709	7.2%	0.95 [0.83, 1.06]			-		
Zubair 2018	8.64	3.96	50	4.24	2.72	50	6.7%	1.29 [0.85, 1.72]			_	-	
Çömlek 2021	3.81	1.91	58	4.72	2.88	40	6.7%	-0.38 [-0.79, 0.02]		-	*		
Total (95% CI)			2489			5450	100.0%	0.81 [0.40, 1.21]			•		
Heterogeneity: Tau <sup>2</sup> =	0.60; Ch	i <sup>2</sup> = 582	2.66, df	= 14 (P <	0.00001	); I <sup>2</sup> = 98	3%		+				
Test for overall effect:	Z = 3.89	(P = 0.	0001)						-4	-2 Diabetes grou	υ up Non-dia	2 betes group	4

**Figure S8.** The meta-analysis comparing the sleep quality scores between groups of adverse/normal glycaemic control

	Adverse g	lycemic co	ontrol	Normal gl	ycemic co	ontrol		Mean Difference		Mea	n Differe	nce	
Study or Subgroup	Mean	SD	Total	Mean	SD	Total	Weight	IV, Random, 95% CI		IV, R	andom, 9	5% CI	
Cho 2023	5.26	3.53	46	4.7	3.39	50	15.7%	0.56 [-0.83, 1.95]			-	_	
Hung 2013	6.74	3.23	118	6.07	2.44	1217	84.3%	0.67 [0.07, 1.27]					
Total (95% CI)			164			1267	100.0%	0.65 [0.10, 1.20]			•	•	
Heterogeneity: Tau <sup>2</sup> = 1 Test for overall effect: 2			(P = 0.89	); I <sup>2</sup> = 0%				_	-4	-2	0	2	4
1051 101 0701011 011001. 2 - 2.00 (F = 0.02)									Adverse gly	cemic cor	trol Nor	mal glyce	emic control

Figure S9. The meta-analysis comparing the sleep efficiency between groups with/without diabetes



**Figure S10.** The meta-analysis comparing the risk of diabetes between groups with/without insomnia (related symptoms)

Insomnia (symptoms) group		Control group Risk Ratio				Risk	Ratio	
Study or Subgroup	Events	Total	Events	Total	Weight	M-H, Random, 95% C	CI M-H, Ran	dom, 95% CI
LeBlanc 2018	4564	24146	10062	57087	93.6%	1.07 [1.04, 1.11]	1	-
Zou 2022	418	1669	382	1660	6.4%	1.09 [0.96, 1.23]	i –	•
Total (95% CI)		25815		58747	100.0%	1.07 [1.04, 1.11]	Í	•
Total events	4982		10444					
Heterogeneity: Tau <sup>2</sup> =	0.00; Chi <sup>2</sup> = 0.05, df =	1 (P = 0.82)					205.00	1 11 12
Test for overall effect: Z = 4.54 (P < 0.00001)							0.85 0.9 Insomnia (symptoms) group	1 1.1 1.2 Control group

Figure S11. The leave-one-out sensitivity analysis

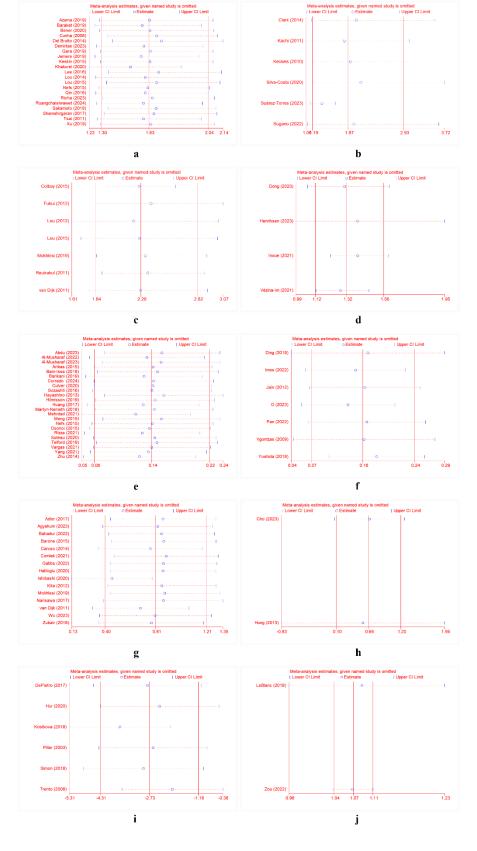
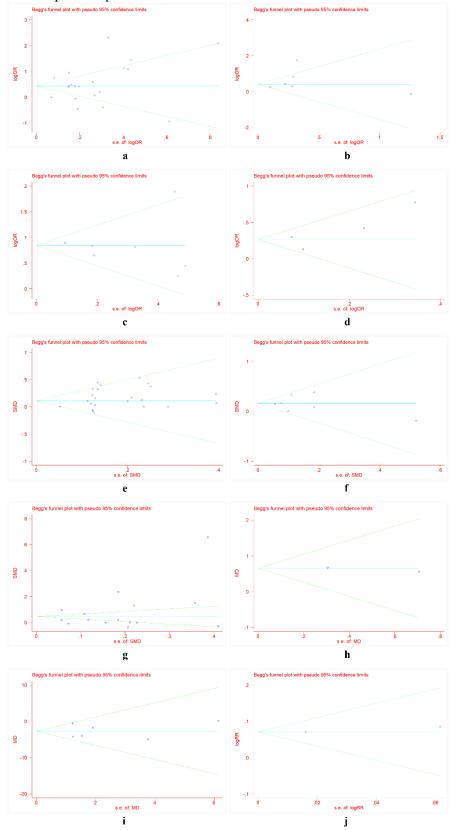


Figure S12. The funnel plots for publication bias



# Appendix S1

## NEWCASTLE - OTTAWA QUALITY ASSESSMENT SCALE

#### CASE CONTROL STUDIES

<u>Note</u>: A study can be awarded a maximum of one star for each numbered item within the Selection and Exposure categories. A maximum of two stars can be given for Comparability.

### Selection

- 1) Is the case definition adequate?
  - a) yes, with independent validation \*
  - b) yes, eg record linkage or based on self reports
  - c) no description
- 2) Representativeness of the cases
  - a) consecutive or obviously representative series of cases \*\*
  - b) potential for selection biases or not stated
- 3) Selection of Controls
  - a) community controls ₩
  - b) hospital controls
  - c) no description
- 4) Definition of Controls
  - a) no history of disease (endpoint) \*
  - b) no description of source

### **Comparability**

- 1) Comparability of cases and controls on the basis of the design or analysis
  - a) study controls for \_\_\_\_\_ (Select the most important factor.) \*
  - b) study controls for any additional factor \* (This criteria could be modified to indicate specific control for a second important factor.)

# **Exposure**

- 1) Assessment of exposure
  - a) secure record (eg surgical records) ≉
  - b) structured interview where blind to case/control status ℜ
  - c) interview not blinded to case/control status
  - d) written self report or medical record only
  - e) no description
- 2) Same method of ascertainment for cases and controls
  - a) yes 衆
  - b) no
- 3) Non-Response rate
  - a) same rate for both groups ₩
  - b) non respondents described
  - c) rate different and no designation

# NEWCASTLE - OTTAWA QUALITY ASSESSMENT

# **SCALE COHORT STUDIES**

 $\underline{\text{Note}}$ : A study can be awarded a maximum of one star for each numbered item within the Selection and Outcome categories. A maximum of two stars can be given for Comparability

Selec	ction
a t	Representativeness of the exposed cohort  a) truly representative of the average
a t	Selection of the non exposed cohort  a) drawn from the same community as the exposed cohort *  b) drawn from a different source  c) no description of the derivation of the non exposed cohort
a t	Ascertainment of exposure  a) secure record (eg surgical records) *  b) structured interview *  c) written self report  d) no description
8	Demonstration that outcome of interest was not present at start of study  a) yes *  b) no
Com	parability
8	Comparability of cohorts on the basis of the design or analysis  a) study controls for(select the most important factor) *  b) study controls for any additional factor * (This criteria could be modified to indicate specific control for a second important factor.)
Outc	come
a t	Assessment of outcome a) independent blind assessment * b) record linkage * c) self report d) no description
г	Was follow-up long enough for outcomes to occur  a) yes (select an adequate follow up period for outcome of interest) **  b) no
ade	Adequacy of follow up of cohorts  a) complete follow up - all subjects accounted for *  b) subjects lost to follow up unlikely to introduce bias - small number lost ->% (select an quate %) follow up, or description provided of those lost) *  c) follow up rate <% (select an adequate %) and no description of those lost

d) no statement

### NEWCASTLE - OTTAWA QUALITY ASSESSMENT SCALE

## (adapted for cross-sectional studies)

### **Selection:** (Maximum 3 stars)

- 1) Representativeness of the sample:
  - a) truly representative of the average in the target population (all subjects or random sampling) \*
  - b) somewhat representative of the average in the target population (non-random sampling) \*
  - c) selected group of users
  - d) no description of the sampling strategy
- 2) Non-respondents:
  - a) comparability between respondents and non-respondents characteristics is established, and the response rate is satisfactory \*
  - b) the response rate is unsatisfactory, or the comparability between respondents and non-respondents is unsatisfactory
  - c) no description of the response rate or the characteristics of the responders and the non-responders
- 3) Ascertainment of the exposure (risk factor):
  - a) validated measurement tool \*
  - b) non-validated measurement tool, but the tool is available or described
  - c) no description of the measurement tool

### Comparability: (Maximum 2 stars)

1) The subjects in different outcome groups are comparable, based on the study design or analysis.

## Confounding factors are controlled:

- a) the study controls for the most important factor (select one) \*
- b) the study control for any additional factor \*

### **Outcome:** (Maximum 2 stars)

- 1) Assessment of the outcome:
  - a) independent blind assessment \*
  - b) record linkage ₩
  - c) self-report
  - d) no description

# 2) Statistical test:

- a) the statistical test used to analyze the data is clearly described and appropriate, and the measurement of the association is presented, including confidence intervals and the probability level (*P* value)
- b) the statistical test is not appropriate, not described or incomplete